A Review of the *Virginia Gold* Quality Improvement Program

Final Report

Department of Medical Assistance Services

July 15, 2012

Prepared by:

Gerald A. Craver, Ph.D.
Policy and Research Division

Executive Summary

Certified nursing assistants (CNAs) perform an important role in the nation's long-term care system because they provide the majority of paid direct care to nursing facility residents. However, annual CNA turnover often exceeds 100 percent nationally. Many factors account for this, including stressful working conditions, low pay, and limited benefits. The end result of high CNA turnover is compromised quality of care.

In an effort to improve quality of care for nursing facility residents in Virginia, the Department of Medical Assistance Services (DMAS) implemented a two-year "culture change" initiative on September 1, 2009, known as the *Virginia Gold* Quality Improvement Program. *Virginia Gold* provided funding from civil money penalty funds to five nursing facilities to implement quality improvement activities that improved working conditions for CNAs and quality of care for residents. Examples of these activities included new staff orientation, recognition and rewards, peer mentoring, and in-service training. As part of the program, the facilities had to agree to report on their success in meeting the goals established in their proposals and to participate in an evaluation that examined *Virginia Gold's* performance over time.

This report contains the results of a second (and final) evaluation of *Virginia Gold* performed during the summer of 2011 using focus groups with CNAs and residents at the nursing facilities. The evaluation focused on determining the strengths and limitations of the program, while gauging the extent to which it was influencing conditions in the nursing facilities. During the focus groups, the CNAs and residents indicated that peer mentoring, employee recognition and benefits, CNA training, and the development of supportive relationships were strengths of the program. This finding suggests that *Virginia Gold* addressed areas relevant to nursing facility work environments because the strengths are related to CNA job satisfaction, turnover, and quality of care. However, the CNAs and residents also expressed concerns with several aspects of the program's implementation, including inconsistent peer mentoring, insufficient reward incentives, limited training opportunities, and strained relationships among some staff. The focus group participants reported that while conditions in the nursing facilities had improved since *Virginia Gold* was implemented, additional work was still required in certain areas to further improve conditions. This observation underscores the fact that culture change is a continuous process of quality improvement with no final endpoint. To be successful and sustainable, staff at all levels must continually review and revise their nursing facilities' quality improvement activities.

In addition, the CNAs and residents reported that CNA retention and quality of care improved during *Virginia Gold*. While this finding suggests that the program achieved its intended goal, one caveat exits. CNA retention and clinical quality of care measures (e.g., rates of restraint use and catheterization) were not examined as part of this evaluation; therefore, the extent to which these outcomes improved was not empirically verified. Finally, the CNAs recommended that peer mentoring, recognition and benefits, and training be continued and/or expanded after *Virginia Gold* funding ends. The CNAs reported that maintaining these activities is important for improving work environments by facilitating better teamwork, communication, and relationships among nursing facility staff.

Overall, the evaluation results suggest that *Virginia Gold* achieved its intended goal of improving quality of care by developing supportive work environments for CNAs. The results also suggest that *Virginia Gold* may be an effective model for improving working conditions and quality of care in nursing facilities, and that meaningful change can occur in nursing facilities through relatively simple, cost-effective activities. Based on this evaluation, the financing of quality improvement projects in nursing facilities may represent a good investment for states and other interested organizations.

Table of Contents

Introduction

Certified nursing assistants (CNAs) perform an important role in the long-term care system because they provide the majority of paid direct care (e.g., measuring vital signs and assisting with activities of daily living such as bathing, dressing, toileting, and eating) to nursing facility residents; however, annual CNA turnover often exceeds 100 percent nationally.[1] Many factors account for this, including lack of training and promotion opportunities, low pay, emotionally and physically demanding work, poor supervision, and a lack of health insurance and other benefits. The end result of high CNA turnover is increased costs for nursing facilities, high levels of stress for remaining staff, and compromised continuity of care for residents and poor quality of care.

In an effort to improve quality of care and CNA staffing, the Virginia Department of Medical Assistance Services (DMAS) implemented a two-year "culture change" initiative known as the *Virginia Gold* Quality Improvement Program on September 1, 2009.[2,3] *Virginia Gold* was funded entirely using civil money penalty (CMP) funds, which are fines collected from nursing facilities that fail to meet federal quality of care standards. The overall goal of the program was to improve and expand the quality of care provided to nursing facility residents in Virginia by providing facilities with grant funding to develop supportive work environments for CNAs. The program ended on August 31, 2011.

To implement *Virginia Gold*, DMAS solicited applications from licensed, Medicare/Medicaid-certified nursing facilities through a request for applications (RFA) in April 2009. Twenty-eight nursing facilities (out of approximately 278 facilities in Virginia) responded by submitting applications indicating how they would use CMP funds to improve CNA retention. After reviewing the applications, five nursing facilities (two non-profit and three for-profit facilities) were selected to participate in the program (Table 1). Each nursing facility was awarded up to $50,000 in grant funding per year to develop a quality improvement project that included certain activities that could be tailored to meet its specific needs. Examples of these activities included new staff orientation, recognition and rewards, peer mentoring, and in-service training (Exhibit 1). To facilitate this process, the nursing facilities received technical assistance from the Virginia Health Quality Center, which is a federally designated quality improvement organization. As part of the program, the facilities agreed to report on their success in meeting the goals established in their proposals and to participate in a review by an independent evaluator.

This report is the second in a series of evaluations performed by DMAS Policy and Research Division staff to assess the overall performance of *Virginia Gold* across all five

[1] Annual CNA turnover can exceed 100 percent if CNAs and their replacements work less than one year in the nursing facilities. For example, some CNAs may only work for a few weeks/months before resigning and their replacements may only work for a short time before they also resign.

[2] Culture change seeks to transform nursing facilities from traditional hierarchical management structures (where decisions flow from management to staff and residents) into more homelike environments that value and empower both CNAs and residents (Sterns, Miller, & Allen, 2010).

[3] Nursing facilities can transform their environments completely by adopting "deep" culture change initiatives or they can simply transform certain areas by adopting specific practices. The nursing facilities participating in *Virginia Gold* focused on transforming certain areas.

Table 1

Descriptive Characteristics of the *Virginia Gold* Nursing Facilities (2009)

Nursing Facility	Number of Beds	Percent Medicaid Residents	CNA Staffing Level[a]	Annual CNA Turnover	Ownership Type	Total Survey Deficiencies[b]
Autumn Care (Portsmouth)	108 beds	75%	46 (37%)	75%	For-Profit	13
Birmingham Green (Manassas)	180 beds	90%	67 (22%)	78%	Non-Profit	5
Dogwood Village (Orange Co.)	164 beds	54%	83 (35%)	63%	Non-Profit	15
Francis Marion Manor (Marion)	109 beds	67%	42 (60%)	65%	For-Profit	11
Trinity Mission (Charlottesville)	180 beds	70%	99 (45%)	54%	For-Profit	19

[a]Percent of total staff in parentheses.
[b]A deficiency represents a nursing facility's failure to meet requirements specified in state and/or federal nursing facility regulations. Deficiencies are identified during annual federal/state survey inspections. The average number of nursing facility deficiencies in the State of Virginia during 2009 was 11.4, while the average nursing facility deficiencies in the nation was 10.8 (based on data provided by the Centers for Medicare and Medicaid Services).

facilities. Quantitative data, such as clinical quality of care, job satisfaction, and staff turnover measures were excluded from the evaluations.[4] Additional information on *Virginia Gold* is available online at: http://dmasva.dmas.virginia.gov/Content_pgs/ltc-vagold.aspx.

The sections that follow provide background information on the initial *Virginia Gold* evaluation, the methodology used in the second evaluation, findings from a second round of focus group interviews with CNAs and residents at the pilot facilities, and a discussion of the implications and limitations of the evaluation. The report concludes with a summary of important points about *Virginia Gold*.

Initial Evaluation of *Virginia Gold*

The initial evaluation of *Virginia Gold* was performed near the end of its first year of operation (i.e., September 1, 2009 to August 31, 2010) using 10 focus group interviews with CNAs and residents at the pilot facilities.[5] The evaluation employed a qualitative methodology

[4] Annual CNA turnover is addressed in a separate report prepared by staff in the agency's Long-Term Care Division. This report is available online at: http://dmasva.dmas.virginia.gov/Content_pgs/ltc-vagold.aspx.
[5] The initial evaluation is available online at: http://dmasva.dmas.virginia.gov/Content_atchs/ltc/vagold-rpt2.pdf.

Exhibit 1

Virginia Gold **Nursing Facility Quality Improvement Activities**

Autumn Care (Portsmouth)	
1. ***Medical Benefits and Employee Assistance*** (health insurance/counseling services) 2. ***Peer Mentoring*** (experienced CNAs mentor newly hired CNAs) 3. ***Rewards and Recognition*** (monthly appreciation days and special "on the spot" awards)	4. ***Training*** (improve problem solving, critical thinking, and interpersonal abilities) 5. ***Quality Assurance CNA*** (liaison between management and staff, peer mentor, documentation assistance, and improve resident quality of care)
Birmingham Green/Northern Virginia Health Commission (Manassas)	
1. ***Training*** (enhance CNA professional/ relational skills) 2. ***Peer Mentoring*** (experienced CNAs mentor newly hired CNAs) 3. ***Cultural Diversity Training*** (promote communication and teamwork among staff from diverse cultural/ethnic backgrounds)	4. ***Employee Wellness*** (promote healthier living activities) 5. ***Rewards and Recognition*** (awards, monthly appreciation days, and special "on the spot" awards)
Dogwood Village (Orange County)	
1. ***CNA Staff Empowerment*** (involve CNAs in facility-level decision making) 2. ***Peer Mentoring*** (experienced CNAs mentor newly hired CNAs) 3. ***Culture Change through Staff Unity*** (professional/relational skills training for supervisors/charge nurses)	4. ***CNA Screening Interviewing*** (Panel interviews and behavioral screening to select CNAs) 5. ***Awards and recognition*** (Allow residents/family members to recognize CNAs)
Francis Marion Manor (Marion)	
1. ***"Best Excellence Shining Through CNA Career Advancement***"(incentive awards/career advancement) 2. ***Go for the Gold*** (improve working conditions through orientation, training, communication, peer mentoring, and recognition/rewards) 3. ***Enhance Orientation/Training*** (standardized orientation process and CNA training manual)	4. ***Communication*** (Improve communication through "walking rounds" and walkie-talkies) 5. ***Recognition and Rewards*** (Peer recognition, monthly awards, and "on the spot" awards for CNAs)
Trinity Mission (Charlottesville)	
1. ***Retention Team*** (improve training, interviewing, and recognition activities) 2. ***CNA Interviewing*** (CNAs participate in screening/interviewing CNA applicants) 3. ***Training*** (training on activities such as pain control and pressure ulcers) 4. ***Resident Care Plan Meetings*** (participate in care plan meetings) 5. ***Peer Mentoring*** (experienced CNAs mentor newly hired CNAs)	6. ***Recognition and rewards*** (employee of the month and 90-day recognition awards) 7. ***Consistent Assignment*** (CNAs assigned to same residents to improve continuity of care through relationship building) 8. ***Involve Residents, Staff, Family and Community Partners in Virginia Gold Initiatives*** (promote stakeholder involvement in quality improvement activities)
Source: DMAS (2010 and 2011)	

involving focus groups comprised of CNAs and nursing facility residents and addressed two study questions: 1) What changed for CNAs and residents as a result of their facilities' participation in *Virginia Gold*? and 2) Has *Virginia Gold* made a difference in the lives of CNAs and residents, and if so, how? Addressing these questions allowed DMAS staff to examine the program over time from the perspectives of the CNAs and nursing facility residents.

The evaluation findings suggested that *Virginia Gold* was progressing toward its intended goal of improving the quality of care for residents by developing supportive work environments for CNAs. For example, focus group participants reported that prior to *Virginia Gold*, the ability of CNAs and other staff to care for residents was hampered due to poor communication and lack of teamwork. However, three processes developed after the nursing facilities implemented their quality improvement activities that improved working conditions for CNAs: peer mentoring and the dissemination of consistent information, enhanced communication and teamwork, and worker empowerment. The development of these processes was important because they are characteristics of supportive work environments. In addition, the participants reported that the quality of CNA jobs improved after program implementation due to the emphasis placed on in-service training, and recognition and benefits. Overall, the participants believed that the development of these processes improved CNA retention and resident quality of care at the pilot facilities.

Methodology Used in the Final Evaluation of *Virginia Gold*

The final evaluation of *Virginia Gold* followed a qualitative methodology that was similar to the methodology used in the initial evaluation and was guided by three study questions: 1) What are the strengths and limitations of the *Virginia Gold* quality improvement activities? 2) How have the quality improvement activities influenced CNA retention and resident quality of care? and 3) What quality improvement activities should be continued after *Virginia Gold* funding ends? Addressing these questions allowed DMAS staff to understand how the CNAs and residents viewed and experienced the quality improvement activities implemented by the nursing facilities, while concurrently gauging their perceptions of how well these activities influenced retention and quality of care.

To collect data for the evaluation, two DMAS staff conducted 10 focus group interviews with CNAs and residents at the pilot facilities between April and August 2011. One staff member with program evaluation experience served as the focus group moderator, and the other staff member with nursing facility experience assisted. Two focus groups were conducted at each facility (one group consisted of CNAs, and the other group consisted of residents) in locations selected for maximum privacy, such as conference rooms and administrative offices. The CNAs and residents received no incentive for participation and all signed consent/confidentiality agreements. Each focus group was audio recorded and lasted approximately 45 minutes.

Because DMAS staff did not have direct access to the CNAs and nursing facility residents, the facility administrators were asked to select individuals for the focus groups who were familiar with *Virginia Gold*. The number of CNAs per focus group ranged from four to six (a total of 26 CNAs participated), while the number of residents per focus group ranged from

five to seven (a total of 30 residents participated). Most participants were female (96 percent of the CNAs and 70 percent of the residents were female). The average work experience of the CNAs at their respective facilities ranged between 5.2 and 16.5 years, and the average length of stay of the residents ranged between 2.7 and 6.4 years. Nine CNAs (35 percent) worked as peer mentors and were directly involved with implementing *Virginia Gold* at their facilities. Based on the composition of the participant pool, DMAS staff concluded that the focus groups were sufficient to meet the objectives of the evaluation.

The focus group interviews were conducted to elicit participants' thoughts regarding events that they deemed important about the *Virginia Gold* quality improvement activities. The CNAs and residents were asked six questions during the interviews (Exhibit 2). For both groups, the first question served as an "ice breaker" to get participants talking about *Virginia Gold*, while the remaining questions were used to collect evaluative information about the program. The focus groups covered events that occurred during both years of *Virginia Gold* (i.e., September 1, 2009 to August 31, 2011). After each interview, DMAS staff compared field notes and discussed group processes and findings.

Each focus group recording was transcribed verbatim and then analyzed by identifying and arranging important segments of interview text into meaningful factors (or themes) that

Exhibit 2

Certified Nursing Assistant (CNA) and Nursing Facility Resident Focus Group Interview Questions

CNA Focus Group Interview Questions
1. Tell me what you know about *Virginia Gold*.
2. What are the strengths of your facility's quality improvement activities? Why are these strengths?
3. What are the limitations of your facility's quality improvement activities? Why are these limitations?
4. What additional quality improvement activities (if any) do you think your facility should have implemented?
5. What quality improvement activities do you think your facility should continue after *Virginia Gold* funding ends
6. Overall, how has your facility's quality improvement activities influenced staff retention and quality of care?
Nursing Facility Resident Focus Group Interview Questions
1. Tell me what you know about *Virginia Gold*.
2. How would you describe the quality of care currently provided by CNAs at this facility?
3. How would you describe the quality of care that was provided by CNAs when you first came to this facility?
4. What feelings (or opinions) do you have regarding your facility's quality improvement activities?
5. What additional activities (if any) do you think should have been included in the quality improvement project?
6. Overall, how do you think these activities influenced the quality of care that certified nursing assistants provide to residents?
Source: Interview questions used by DMAS during the second round of focus groups (2011).

captured the essence of participants' experiences during the program. These segments were then grouped into factors that characterized particular patterns present in the data. Because *Virginia Gold* primarily sought to develop supportive work environments for CNAs, factors that emerged from the CNA focus groups were used to evaluate the program, while findings from the resident focus groups were used to support these factors where appropriate.

Focus Group Interview Findings

Based on the content analysis of the interview transcripts, 13 factors emerged that described how focus group participants viewed the *Virginia Gold* quality improvement activities. These factors provide qualitative evidence on the program's performance from the perspectives of the participants. The factors are categorized around the interview topics and summarized in Exhibit 3. Additional information on the categories of factors is provided in the subsections below.

Strengths of the Virginia Gold Quality Improvement Activities. During the focus group interviews, the CNAs discussed the strengths of the *Virginia Gold* quality improvement activities. Four factors emerged from these discussions: peer mentoring, recognition and benefits, professional and relational skills training, and supportive relationships. Of the four factors, peer mentoring is particularly noteworthy because it is viewed as an effective strategy for improving retention by providing new CNAs with supportive learning environments (Paraprofessional Healthcare Institute, 2003). For example, one CNA reported that, "[mentoring]…was helpful…[because] approaching residents [alone] is [unnerving], but with a mentor, I learned how to approach them, which was a great help." Another CNA said, "I would definitely say mentoring is important because when I first started…I was scared to death of residents…nobody gave me the rundown on what to do…but with mentors, they let [new CNAs] know what to do…" Additional comments from CNAs illustrating this factor include, "…peer mentoring is important because it makes it easier for new [CNAs] to come in because [the mentors] teach them…it just makes them more relaxed" and "[mentoring] was good for me because I was so nervous the first time I started, but after working with my mentor, I felt more comfortable and confident." Comments were also received from residents supporting this factor. For example, one resident stated that, "…[mentors] are someone new CNAs can go to for input…to understand how residents like to be treated," while another resident said, "…peer mentoring has been most effective…the mentors are wonderful at [explaining] stuff about residents to new CNAs."

In addition to peer mentoring, the nursing facilities sought to improve work environments and quality of care by emphasizing teamwork and communication among staff, providing CNAs with various employment and educational benefits to improve their professional knowledge and relational skills (e.g., communication, teamwork, stress management, and problem solving abilities), and by involving CNAs in resident-centered care practices and facility-level decisions. These enhancements are reflected in the recognition and benefits, professional and relational

Exhibit 3

Factors Related to the *Virginia Gold* Quality Improvement Activities Emerging from the Focus Group Interviews

I. Strengths of the *Virginia Gold* Quality Improvement Activities

a. ***Peer mentoring for CNAs*** (The nursing facilities provided peer mentoring to help CNAs adjust to the work environment. One mentor said, "…when [new CNAs] come, they're nervous. They don't know what to do and [we] build up their courage.")

b. ***Recognition and benefits for CNAs*** (The nursing facilities provided CNAs with recognition and benefits. One CNA reported that, "health insurance was a big help," while another said, "The awards and recognition is good because it makes you feel good when you get recognized....")

c. ***Professional and relational skills training for CNAs*** (All facilities included training activities to improve CNAs' professional and relational skills. Comments include: "…[the training helps] you learn to stop, listen, and think before you respond…I think it's really good," and "…[we learned about] pointing out things that people do right instead of always pointing out what people do wrong [which] helps our whole outlook…")

d. ***Supportive relationships among staff*** (The facilities sought to improve relationships among CNAs and nursing/supervisory staff. Comments from CNAs included: "…teamwork is better now…when I need help…I call and immediately [another CNA] comes…" and "at one time it was like, 'why are we here, management is not showing us anything'…[but]…now they are showing that they appreciate us more.")

II. Limitations of the *Virginia Gold* Quality Improvement Activities

a. ***Inconsistent/insufficient peer mentoring for CNAs*** (CNAs at one facility reported that mentors were not following facility policies when working with CNAs, while new CNAs were not getting consistent training because they were being shifted among mentors due to scheduling conflicts.)

b. ***Insufficient reward incentives for CNAs*** (While the nursing facilities sought to improve recognition and benefits for CNAs, CNAs at two facilities reported that more improvement was needed. Comments from CNAs included, "recognition activities are weak" and "…there are a lot of people doing a lot of good work…[and they] don't get recognized like they should.")

c. ***Limited combined relational skills training for CNAs, nursing, and supervisory staff*** (*Virginia Gold* was intended to improve work environments for CNAs, in part, through training. One CNA said, "…there aren't many training activities involving CNAs and nurses," while another said the nursing staff could benefit from participating with the CNAs in the communication and teamwork training.)

d. ***Strained relationships among some CNAs, nursing, and supervisory staff*** (Relations between CNAs and staff at some facilities continue to need improvement. One CNA said, "our director of nursing likes to put people down and make them feel like they're about an inch tall.")

III. Influence of *Virginia Gold* Quality Improvement Activities on Retention and Quality of Care

a. ***Improved CNA retention*** (CNAs reported that retention improved after *Virginia Gold* started. One said, "*Virginia Gold* is good because everybody needs a little extra help…so everybody just pitches in to help retain CNAs and when new [CNAs] come we all pitch in to make them feel welcome.")

(*continued on next page*)

b. ***Enhanced resident quality of care*** (CNAs reported that *Virginia Gold* improved resident quality of care. One CNA said, "I think [consistent assignment] is better on the residents because they're familiar with [you]," while other CNAs reported feeling motivated to spend more time caring for their residents.)

IV. Recommendations for Continuing Quality Improvement Activities After *Virginia Gold* Funding Ends

a. Peer mentoring for CNAs (CNAs supported peer mentoring. Comments from CNAs include, "I'd like to see mentoring continue…the mentors have been a big help to new CNAs," and "mentoring has been the best thing we've done…we try to encourage and help [new CNAs]…coming to a place like this, [they] need a lot of encouragement.")

b. Recognition and benefits for CNAs (CNAs supported recognition and benefits. For example: "I think recognition activities need to continue…all of the employees coming in those doors need to be rewarded," and "recognizing employees, not just once a month, but whenever, that helps a lot [because we're] being appreciated," and "….medical benefits, I talk to a lot of people who take advantage of the medical benefits.")

c. Professional and relational skills training for CNAs, nursing, and supervisory staff (CNAs supported professional training. Comments include: "…the training has really improved the facility…the CNAs just do things for the residents, they treat them like they would treat themselves or a family member…all that comes from training" and "the diversity training…helps out because it gives us a chance to know what other cultures are like…it really helped me a lot."

Source: DMAS staff analysis of 2011 CNA focus group interview transcripts.

skills training, and supportive relationships factors. Comments from CNAs illustrating these factors include:

> CNAs didn't get [medical care] often before *Virginia Gold* because [our company's health insurance premiums] were so expensive…but [after] we got the grant, the [facility] administrator set up [a medical benefits program] through the local health department…now we pay just $25 [per visit for physician and pharmacy services]…a lot of CNAs were impressed that the administrator did that for us.

> The trainings taught us a lot of things. We learned about infection control and the importance of hand washing when delivering food to patients' rooms. We learned different little tips (like breathing exercises) on how to deal with combative residents or difficult co-workers. We also had to introduce ourselves to [a resident] we never met and start up a conversation.

> Teamwork is better now, we all pull together. When I need help with a resident, I can call and immediately [another CNA] comes. And it doesn't matter what department you work in, if someone needs help, you jump in and help them…and communication is better now between us and the nurses because they give us [shift] reports on the condition of the residents…[which helps us]…know their situation.

Comments were also received from residents supporting the recognition and benefits, professional and relational skills training, and supportive relationships factors. For example:

> I wrote a recognition announcement on a CNA who took care of me one night by herself. I asked her, "Aren't you going to get someone to help you," and she said, "Oh stop being silly, I can take care of this," and she did everything I needed. I was very, very, very proud of her.
>
> New CNAs spend more time in orientation now…[and]…the woman [from the community college] who trains CNAs does a wonderful job…she puts them on the floors or in the rooms with the residents. You don't mind having the girls help you [after] she's finished training them.
>
> I get along pretty good with the nurses and CNAs and I've never heard any nurses or CNAs talk ugly to anyone. The CNAs also help each other, like if a CNA needs help getting a resident in or out of bed, she waits until [another CNA] gets there…they call on each other [for help].

Limitations of the Virginia Gold Quality Improvement Activities. The participants also discussed the limitations of the *Virginia Gold* quality improvement activities during the focus groups. Four factors emerged from these discussions: inconsistent peer mentoring, insufficient reward incentives, limited combined relational skills training for CNAs, nursing, and supervisory staff, and strained relationships among some CNAs, nursing, and supervisory staff. The factors emerged as limitations because participants reported that while conditions had improved at the nursing facilities since *Virginia Gold* was implemented, more work was needed in these areas for further improvement to occur. For example, one CNA reported that new CNAs should shadow mentors closely; however, mentors and new CNAs at her facility often worked apart for various reasons, including staff absenteeism and unsynchronized work schedules. "When this happens, new CNAs aren't getting training like they're supposed to," said this CNA. "They're not really learning what the real [work] routine is." Another CNA said mentors should be competent enough to work in all areas or units of the nursing facility; however, several mentors at her facility were unable to work in different areas. According to this CNA:

> Some mentors are just stuck working in one area [of the nursing facility because] they haven't worked in other areas…I think if you're a mentor, you should be able to work in all areas…[if not] the new CNAs will get moved to other mentors which will just confuse them [because] they have to learn something new all over again. I think new CNAs should stick with their original mentors for at least a couple of weeks.

Comments were also received from residents related to the inconsistent peer mentoring factor. For instance, residents at one facility reported that new CNAs should receive "sensitivity" training as part of the mentoring process. According to these residents, sensitivity training would allow new CNAs to empathize more with residents by experiencing similar limited mobility situations. When asked to articulate this further, one resident said new CNAs should sit in wheel chairs and "…wait for someone to push them from here to there or take them to the bathroom…I think that would help CNAs [better understand residents]." Residents at another facility that provides new CNAs with one week of mentoring reported that several

additional weeks of mentoring were needed. "A lot of [new CNAs] get discouraged because they can't do the work, you know change bed linens or put bedpans under residents," remarked one participant. "There's a lot of technique involved with that." These residents indicated that providing CNAs with additional mentoring would allow them to develop better care skills by spending more time under the direct supervision of experienced nursing assistants.

In addition to the peer mentoring limitations, the CNAs discussed other concerns they had with the *Virginia Gold* quality improvement activities. These concerns are reflected in the insufficient reward incentives, strained relationships, and limited combined relational skills training factors. Examples of comments describing these factors include:

> We need more awards for attendance. I think attendance awards would really be helpful by encouraging CNAs to come to work more often [instead of calling in sick]. I'm not saying they aren't sick, but some CNAs will call in because they just get overwhelmed and stressed and they'll say, "I don't think I can do it today." I believe if we have a better reward system, some CNAs will not call in when they feel this way.

> Improving relationships between CNAs and charge nurses is a weakness. We don't have too many trainings that include both CNAs and charge nurses. Now don't get me wrong, we all get along, but we need training for both [groups] that involves communication and teamwork. It's very seldom that CNAs and charge nurses train together.

> There's not much communication between CNAs and charge nurses. If there were more activities involving CNAs and charge nurses…that might improve communication. It's stressful when CNAs and charge nurses don't communicate…it gives you a bad attitude…say a resident has an appointment and the charge nurse doesn't tell the CNA and transportation arrives, it throws the CNA off because she hasn't gotten the resident ready. So, it's just little things that could improve the relationship.

While no comments were received from residents describing either the strained relationships or the limited combined relational skills training factors, comments were received supporting the insufficient reward incentives factor.[6] For instance, the residents reported that:

> I think more employee rewards and recognition is needed because all [people] like to be acknowledged. If [the CNAs] are doing a good job, then I feel they should be rewarded and recognized because incentives can make the [work environment] so much better.

> I think a really big [issue] is recognizing CNAs who do good work. There's so many people involved [with our care], you don't know who to tell that [a particular CNA] did a good job today. You can tell that to five different people,

[6] The residents did not always observe events directly related to the factors presented in Exhibit 3.

> but that doesn't mean the word is getting wherever it needs to get for [that CNA] to be recognized in any way.
>
> Residents need more say in [recognizing] CNAs who do a good job. Maybe [a CNA] earns an award for employee of the month, but what about all their hard work before [or after] that? I feel there're not enough rewards and recognition for CNAs [who] do good work…I think it would be good if somehow [the facility] could reward good CNAs [through] their pay.

Perceived Influence of the Virginia Gold Quality Improvement Activities on CNA Retention and Resident Quality of Care. During the focus groups, the participants were asked to discuss how Virginia Gold's quality improvement activities influenced CNA retention and resident quality of care. Two factors emerged from the discussions suggesting that these outcomes improved after program implementation: improved CNA retention and enhanced resident quality of care. For example, one CNA reported that, "…having mentors with new CNAs, making them feel comfortable…wanted, and appreciated…I think new CNAs are staying longer." Comments from other CNAs regarding retention include, "I think for the most part, peer mentoring is keeping new CNAs from doing things that could cause them to be terminated," "…peer mentoring is good, at least the people coming in are staying," and "…we still have ups and downs, but overall, we've seen lots of improvement." Finally, one CNA stated that:

> I think CNAs are staying longer. I haven't heard too many complaints. At one point, a lot of people would leave quickly. As soon as they [started working] they would be ready to quit, but it's not like that now. I think retention is better. This is a great place to work.

Comments from CNAs illustrating the perceived influence of *Virginia Gold* on resident quality of care include:

> Because [of improved staffing]…we can spend more time with our residents and get to know them better….we can take time in the morning to know their routine, what they like. We can also get to know their families. It makes the residents feel more comfortable too, when they know the CNAs know their routines…how [they like] to get up [in the morning]…it just makes things more pleasant.
>
> *Virginia Gold* is a good program that has improved the quality of care, a little bit of everything. The families have noticed that we keep the same CNAs, so they think the residents are getting better care because the CNAs know them, and that comes from consistent assignment [which some of the nursing facilities implemented through *Virginia Gold*].
>
> Two years ago I was thinking about quitting, but since [*Virginia Gold*] started, things have changed. I used to be [unmotivated] coming to work, but now when I come to work, I'm smiling and [motivated]. Before, I didn't spend much time [caring for] residents, but now I take my time and talk to residents while dressing them. I think they feel more comfortable now. When CNAs feel good about their

> work, they're inclined to do more for the residents, like in the past, I might have just brushed their hair and put it in ponytails, but now I'll do that plus put barrettes in their hair, and they're like, "Oh, that looks so pretty!" So the CNAs are uplifted, the residents are uplifted, and the whole facility is better because of what we're doing.

Comments were also received from residents concerning the quality of care provided by CNAs. For example:

> Our resident/CNA staffing ratio is better now…[which] makes the time that it takes to get attention more to our desire. We get more attention [from CNAs]. They take more time with the residents, with makeup, positioning us in our chairs, and even when it's time to lie down in the afternoon, we don't have to wait forever. With the increase in staffing and the quality of staff, everyone gets their naps and our meals go by faster…It's a whole lot better.

> I have seen things change to the better…now when the call light goes on, [the CNAs] are quicker to respond. They're also good about checking our vitals and making sure we have what we need and are ready for the day.

> It's changed…I've noticed differences in the CNAs and I think there's more focus on their attitudes. I've seen a lot of change in the attitudes of CNAs. I remember CNAs having bad attitudes in the past…and how hard it was to ask them for something or to get them to do something [for us]. But now, the CNAs respond a lot quicker to our requests, and most have better attitudes.

Recommendations for Continuing Quality Improvement Activities after Virginia Gold Funding Ends. During the focus groups, the CNAs were asked to identify which quality improvement activities they thought the nursing facilities should continue after *Virginia Gold* funding ends. From these discussions, three factors emerged: peer mentoring, recognition and benefits, and professional and relational skills training for CNAs, nursing, and supervisory staff. These factors provide insights into activities that the CNAs perceived as critical for developing and maintaining supportive work environments in the nursing facilities. As one CNA remarked, "Our plan is to continue the program…it's working, so keep going," while another stated that "[*Virginia Gold*] improved everything…if we get rid of it, things might go back the way they were and we don't want that."

The CNAs unanimously supported the continuation of peer mentoring. One CNA said, "Definitely [keep] peer mentoring…sometimes [new CNAs] have a hard time and it's just nice to have someone [who] can help them along," while another said, "I'd like to see peer mentoring continue. I think [mentors] have been a big help to our new CNAs, so I'd like to see that stay." Other CNAs reported that:

> I think mentors are probably the best thing [we did], we try to help everybody learn the right way and we encourage them. I think when coming to a place like this, [new CNAs] need a lot of encouragement and that's what [mentors]

> do…they try to retain new CNAs, keep them here longer, make them feel welcome. It helps a lot.
>
> I like the mentors, they're involved with the new CNAs and I think it helps them get started and feel more at home. I like our mentors the most…I think new CNAs get more introduction to what they're going to be doing here. Mentoring helps them a lot.

The CNAs also voiced support for continuing recognition and benefits after *Virginia Gold*. For instance, one CNA said, "It's like on-the-spot awards, if you see something that a CNA is doing, you [can] recognize her…and encourage her to keep up the good work." Other CNAs said recognition and benefits should continue because, "I think it makes [CNAs] feel good" and "it makes [CNAs] feel like [they're] appreciated." Finally, one CNA summarized the importance of this factor by stating:

> I think awards and recognition needs to continue. I think all of our employees need to be awarded for working here. I had a resident take me by the arm the other day and tell me that it takes a very special person to care for people like him. And my response was, "It's not people like you, it's people like us." Because God willing, we are all going to be [older] someday and the care and compassion that everyone in here shows these residents is rewarding, but we also need to let [CNAs] know that we appreciate them too, you know.

Finally, the CNAs supported continuing and expanding relational skills training to include all caregivers (i.e., CNAs, nurses, and supervisors).[7] As one CNA said, "continuing training [for all caregivers] after *Virginia Gold* ends would be beneficial." Similar comments from CNAs supporting this factor include:

> The training…was very, very informative. Just all the things [the instructor] talked about, from pointing out the things that people do right instead of always pointing out what people do wrong. I think a lot of people in this facility could benefit from [that training]…It helps our whole outlook if people are saying, "Hey you can do this right, but you need improvement" because [the CNAs] aren't just hearing what they're doing wrong and that helps their attitude.
>
> I think it would be beneficial to include more people in the facility in the training – not just the CNAs. Like if we could have a bigger group included, I think that would be great. It would improve conditions by helping CNAs and other staff learn to make decisions. I think that could be beneficial…training on teamwork and all that.

[7] Both CNAs and residents were asked to discuss whether additional quality improvement activities should have been included in the nursing facilities' *Virginia Gold* projects. None of the participants indicated that additional activities should have been included. Moreover, all participants reported that appropriate activities were included in the nursing facilities' quality improvement projects.

> I figure we need more communication training for everybody who works here, from the top to the bottom for things to be better. When we have these off-site trainings, I think a person from each department should go with the CNAs…and get those trainings and come back [to the facility].
>
> I think the director of nursing (DON) and the assistant director of nursing (ADON) should have been at the last training because it was about communication and learning how to respect one another…we did a lot of exercises. We had to introduce ourselves to someone we never met. We had to bring up a conversation. We did new activities like if something happened on the job, what's your response and what's their response. I think a lot of the department heads and the DON and ADON should have been in that [training].

Discussion of the Evaluation Findings and Implications of *Virginia Gold*

This study sought to evaluate the *Virginia Gold* Quality Improvement Program across all five nursing facilities from the perspective of the CNAs and residents who experienced it. The evaluation was performed to provide DMAS management and other stakeholders with evidence-based information on the program's performance. The subsections that follow provide information on the findings from the second evaluation of *Virginia Gold* as well as the implications of the program.

Evaluation Findings. To conduct the evaluation, DMAS staff used a qualitative design that allowed for an in-depth understanding of the program's processes and outcomes over time from the perspectives of both CNAs and residents. The evaluation was guided by three study questions. The first question was, "What are the strengths and limitations of the *Virginia Gold* quality improvement activities?" This question was developed to identify which quality improvement activities the CNAs and residents viewed as strengths and which activities they viewed as limitations. The evaluation found that the CNAs and residents viewed peer mentoring, recognition and benefits, professional and relational skills training, and the development of supportive relationships as strengths of *Virginia Gold*. This finding is important for two reasons: 1) the strengths suggest that Virginia Gold was focused on addressing relevant issues because they are related to CNA job satisfaction, turnover intentions, actual turnover, and quality of care (Tellis-Nayak, 2007; Rosen, Stiehl, Mittal, & Leana, 2011; Choi & Johantgen, 2012; Noelker, Ejaz, Menne, & Bagaka's; 2009; Hegeman, Hoskinson, Munro, Maiden, & Pillemer, 2007; Advancing Excellence in America's Nursing Homes, n.d.) and 2) the strengths are identified in the nursing facility quality improvement literature as integral to successful culture change efforts (White-Chu, Graves, Godfrey, Bonner, & Sloane, 2009; Koren, 2010).

The evaluation also found that the CNAs and residents considered inconsistent/ insufficient peer mentoring, insufficient rewards, strained relationships, and limited combined professional and relational skills training as limitations of *Virginia Gold*. These factors emerged as limitations because the participants indicated that additional work was still needed in these areas to further improve conditions in the nursing facilities. The limitations underscore the fact that culture change is a continuous quality improvement process with no final endpoint (White-Chu, Graves, Godfrey, Bonner, & Slone, 2009). As a result, culture change activities must be

developed and sustained by nursing facility staff at all levels (Tyler& Parker, 2011). To be effective, these activities should be reviewed and revised periodically by staff who participate in them, and no staff (e.g., nursing and/or supervisory staff) should be excluded from participation. Because nursing facility staff are interconnected, excluding one or more groups may result in unsuccessful culture change because the excluded groups will lack the knowledge needed to support activities that are being implemented (Scalzi, Evans, Barstow, & Hostvedt, 2006).

The second study question was, "How have the quality improvement activities influenced CNA retention and resident quality of care?" The CNAs and residents reported during the first evaluation that retention and quality of care improved after *Virginia Gold* was implemented; therefore, this question was developed to determine if these groups still maintained this belief at the end of the program. The evaluation found that both groups continued to believe that these outcomes improved after *Virginia Gold* was implemented. This finding is important because it suggests that *Virginia Gold* improved conditions in the nursing facilities. However, one caveat exists to this observation. CNA retention and clinical quality of care measures (e.g., rates of restraint use and catheterization) were not examined as part of this evaluation so the extent to which these outcomes improved was not empirically verified.

Finally, the third question was, "What quality improvement activities should be continued after *Virginia Gold* funding ends?" Because *Virginia Gold* only operated for two years, this question was developed to determine which activities the CNAs felt should be continued and/or expanded after the program. The CNAs recommended that peer mentoring, recognition and benefits, and professional and relational skills training be continued and/or expanded after *Virginia Gold*. These activities are important because they can improve work environments by facilitating better teamwork, communication, respect, and problem solving abilities among all nursing facility staff. This is particularly important because job satisfaction tends to be greater among CNAs when they feel respected and valued by facility managers, have good relationships with supervisors and co-workers, and have access to the resources needed to perform their jobs (Bishop, Squillace, Meagher, Anderson, & Wiener, 2009). Implementing the recommendations would also be symbolic because it would serve as a real indicator to all nursing facility staff that management is committed to ensuring that meaningful change occurs.

Implications of Virginia Gold. The results of the *Virginia Gold* evaluation have both policy and practice implications. In particular, the evaluation provides evidence that working conditions and quality of care improved at the nursing facilities after *Virginia Gold* was implemented. While the results may not necessarily generalize to all nursing facilities in the nation, they do suggest that *Virginia Gold* may be an effective model for improving working conditions and quality of care in some facilities. The *Virginia Gold* model is based on a competitive grant process that funds certain quality improvement activities (e.g., peer mentoring, training, and rewards) in nursing facilities, while requiring participating facilities to meet specific reporting (e.g., quarterly progress and financial reporting requirements) and oversight (e.g., adherence to program requirements and funding stipulations, and participation in evaluations) obligations. Because the model is grant funded (and the use of civil money penalty funds is now subject to CMS approval), implementation may be challenging since one or more sustainable funding sources must be secured. Nevertheless, undertaking this challenge may prove worthwhile because the nursing facility population is expected to increase in the coming years

due to the aging of the U.S. population, while the number of available entry-level workers in these facilities is expected to decline because the industry's traditional labor pool is shrinking (Stone & Dawson, 2008).

The evaluation also provides evidence that change can occur in nursing facilities through relatively simple, cost-effective activities, such as peer mentoring. For instance, *Virginia Gold* was originally planned to be financed using $250,000 (or approximately $50,000 per facility) in grant funds per year. However, it only cost the nursing facilities $136,469 (or roughly $27,293 per facility) to implement their quality improvement activities during the first year and $132,058 (or about $26,412 per facility) during the second year. Nursing facilities interested in improving working conditions and quality of care should review *Virginia Gold* to determine if there are certain program activities that can be adopted to achieve these outcomes. While funding is important for culture change, so too are dedicated leadership and staff buy-in. *Virginia Gold* suggests that meaningful changes can occur as long as nursing facility management and staff value quality improvement and are dedicated to its success.

Study Limitations

This evaluation has several limitations that should be considered when interpreting the results. First, the findings are based on the perceptions of a small number of CNAs and residents from each nursing facility. As such, the study only provides insights into activities that occurred during *Virginia Gold* using information obtained from these participants. Second, information collected from the participants may be biased because they were selected by nursing facility management staff. While the evaluators informed management staff that the study was not focused on determining the performance of the individual facilities, some managers may still have selected individuals who they believed would portray the program positively. Third, the study did not account for differences between the nursing facilities or control for quality improvement initiatives that may have been implemented prior to *Virginia Gold*. It is possible that some participants described events that were not related to the program. If this occurred, then additional bias may be present. Fourth, the evaluation may be subject to facilitator bias if comments by the evaluation team influenced the participants' responses. Fifth, while the evaluation suggests that the program improved conditions in the nursing facilities, causation should not necessarily be implied from these findings. Additional research is needed to demonstrate that a causal relationship exists between *Virginia Gold* and the changes that reportedly occurred during the program.

Conclusion

The *Virginia Gold* Quality Improvement Program was implemented to improve and expand the quality of care provided to nursing facility residents in Virginia by providing five facilities with grant funding to implement certain quality improvement activities. Information collected during this evaluation suggests that *Virginia Gold* achieved its intended goal of improving quality of care by developing supportive work environments for CNAs. This information is important for two reasons. First, it suggests that *Virginia Gold* may be an effective model to use for improving working conditions and quality of care in nursing facilities, and second, it indicates that meaningful change can occur in nursing facilities through relatively

simple, cost-effective activities. Based on this information, the financing of quality improvement projects in nursing facilities may represent a good investment for states and other interested organizations.

References

Advancing Excellence in America's Nursing Homes (n.d.). *FAST FACTS: Consistent Assignment*. Retrieved from https://www.nhqualitycampaign.org/files/factsheets/Consumer%20Fact%20Sheet%20-%20Consistent%20Assignment.pdf.

Bishop, C.E., Suillace, M.R., Meagher, J., Anderson, W.L., & Wiener, J.M. (2009). Nursing home work practices and nursing assistants' job satisfaction. *The Gerontologist*, 49(5), 611-622.

Choi, J. & Johantgen, M. (2012). The importance of supervision in retention of CNAs. *Research in Nursing & Health*, 35, 187-199.

Department of Medical Assistance Services (2010). *Interim Report of Virginia Gold Program: September 1, 2009 through August 31, 2010*. Richmond, VA: Author

Department of Medical Assistance Services (2011). *Final Report of Virginia Gold Program: September 1, 2010 through August 31, 2011*. Richmond, VA: Author

Hegeman, C., Hoskinson, D., Munro, H., Maiden, P., & Pillemer, K. (2007). Peer mentoring in long-term care. *Gerontology & Geriatrics Education*, 28(2), 77-90.

Koren, M.J. (2010). Person-centered care for nursing home residents: the culture-change movement. *Health Affairs*, *29*(2), 1 – 6.

Mukamel, D.B., Spector, W.D., Limcango, R., Wang, Y., Feng, Z., & Mor, V. (2009). The costs of turnover in nursing homes. *Medical Care*, *42*(10), 1039 – 1045.

Noelker, L.S., Ejaz, F.K., Menne, H.L., & Bagaka's, J.G. (2009). Factors affecting frontline worker's satisfaction with supervision. *Journal of Aging and Health*, 21(1), 85-101.

Paraprofessional Healthcare Institute (May, 2003). *Introducing Peer Mentoring in Long-Term Care Settings*. Retrieved from http://www.directcareclearinghouse.org/download/WorkforceStrategies2.pdf.

Rosen, J., Stiehl, E.M., Mittal, V., Leana, C.R. (2011). Stayers, leavers, and switchers among certified nursing assistants in nursing homes: a longitudinal investigation of turnover intent, staff retention, and turnover. *The Gerontologist*, 51(5), 597-609.

Scalzi, C.C., Evans, L.K., & Hostvedt, K. (2006). Barriers and enablers to changing organizational culture in nursing homes. *Nursing Admin. Quarterly*, 30(4) 368-372.

Sterns, S., Miller, S.C., & Allen, S. (2010). The complexity of implementing culture change practices in nursing homes. *Journal of the American Medical Directors Association*, 11, 511-518.

Stone, R.I. & Dawson, S.L. (2008). The origins of better jobs better care. *The Gerontologist*, *48*(Special Issue 1), 5 – 13.

Tellis-Nayak, V. (2007). A person-centered workplace: the foundation for person-centered caregiving in long-term care. *Journal of the American Medical Directors Association*, 8, 46-54.

Tyler, D.A. & Parker, V.A. (2011). Nursing home culture, teamwork, and culture change. *Journal of Research in Nursing*, 16(1), 37-49.

White-Chu, E.F., Graves, W.J., Godfrey, S.M., Bonner, A., & Sloane, P. (2009). Beyond the medical model: the culture change revolution in long-term care. *Journal of the American Medical Directors Association*, 10, 370-378.